

Effective on 12/08/2004  
Fees: pursuant to the Consolidated Appropriations Act, 2005 (P.L. 109-171)**FEE TRANSMITTAL**  
**For FY 2008**☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) \$10.00

**Complete if Known**

Application Number	10/716,584
Filing Date	November 18, 2003
First Named Inventor	James A. Kweeder
Examiner Name	Kriellon A. Sanders
Art Unit	1796
Attorney Docket No.	H0004407.35624 - 4690

**METHOD OF PAYMENT (check all that apply)**

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):
- ☒ Deposit Account Deposit Account Number: 500977 Deposit Account Name: Buchalter Nemer
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below ☒ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments
- ☒ under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on FTO-2036.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185
<b>Total Claims</b>		
20 or HP =	Extra Claims	Fee (\$)
HP = highest number of total claims paid for, if greater than 20	Fee Paid (\$)	
<b>Indep. Claims</b>	Extra Claims	Fee (\$)
3 or HP =	Fee Paid (\$)	
HP = highest number of independent claims paid for, if greater than 2		
<b>Multiple Dependent Claims</b>	Fee (\$)	Fee Paid (\$)

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(e).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
100 =	150 =	(round up to a whole number) x		

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Ready Brief in Support of Appeal

\$10.00

**SUBMITTED BY**

Signature	Registration No.	Telephone
Sandra P. Thompson	46,264	978-224-6282
Name (Print/Type) Sandra P. Thompson	(Attorney/Agent)	Date: 1-2-2008

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file and by the USPTO in processing an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. The collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete the form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-FTO-9199 and select option 2.